MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. D9/179 70.3 APPLICANT(S)				FILING DATE		
			1			ÇL	AIMS			·		·	
	AS	AS FILED		AFTER 1st AMENDMENT		TER NDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1.1.						51		<u> </u>	<u> </u>			<u> </u>
2		ļ,					52			<u> </u>		<u></u>	
3	+	 /-	ļ				53		ļ	<u> </u>		<u> </u>	<u> </u>
5	+	 / -					54		ļ	ļ		ļ	ļ
6	\	/	ļ				55		ļ	ļ	<u> </u>	<u> </u>	
7	 	\					56	ļ	ļ	ļ	ļ	ļ	ļ <u>.</u>
8	 / 	 	 				57		ļ	 	 	 	
9	/	 \ 					58 59		ļ	 	ļ		ļ
10	1								 	 	 		
11	7						60			 	-		
12	1						61 62			 	 	 	
13					·		63	-	 	 	 		
14	1	/		-			64		 	 	 	 	
15							65			 	 	 	
16							66		 	 			
17							67			 	 		
18							68		l			——	
19		·					69		-	<u> </u>		j	1
20	1						70						1
21	<u> </u>	2					71						
22	ļ	2					72						
23	ļ	2					73						
24	_	2					74						
25		2.					75						
$\frac{26}{27}$		2					76						
28	-	2					77						
29		2					78						
30							79						
31							80						ļ
32							81 82						
33			··				83						ļ
34													ļ
35							84 85					-	ļ — —
36							86					··	
37							87						
38							88						
39							89						
40							90						
41				T			91						
42	 						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49 50							99						
OTAL							100						
ND.	4	1 L		1 L		1	TOTAL IND.				- 1		1
OTAL EP.	16:	-	•	-		ا م	TOTAL DEP.				ا ب		++
OTAL LAIMS	20		1				TOTAL	l					
	(3-78)	100				100000000000000000000000000000000000000	CLAIMS	9	30000	i i	0.00		